



Jay S. Herbst, M.D.  
**South Florida Skin Center**  
Dermatologic Surgery and Dermatology

2866-A Tamiami Trail • Port Charlotte, FL 33952 • (941) 764-1055

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## MEDICARE and PRIVATE INSURANCE BILLING

Patient Name: \_\_\_\_\_

Our staff is pleased to provide you with personal attention and treatment necessary for your skin care. To help us provide good service, we ask that you read about our billing procedures, sign it, and return it to the receptionist. If you would like a copy please do not hesitate to ask a front staff member.

***We are ONLY participating providers with GOVERNMENT MEDICARE. We DO NOT participate with "Medicare-like" or "Medicare-partner" policies.***

### **PRIVATE, NON-MEDICARE PATIENTS:**

Payment is due at time of service for care provided. If you present your insurance card to one of our front staff members, it will be scanned and your information will be entered into our system. After your appointment we can provide you with a completed insurance claim form that you may submit to your insurance company for reimbursement. **Your insurance contract and benefits paid is between you and your insurance company.** Our office is unable to negotiate any dispute you may have with your insurance company.

### **MEDICARE PATIENTS:**

Dr. Herbst is a participating provider with Medicare. This means we bill Medicare directly for professional services and accept their assignment. By accepting this assignment, our charges are adjusted to match the Medicare approved amount. We adjust our fee schedule to match exactly what Medicare defines as the correct amount. Medicare then pays us 80% of this amount, and you must pay the remaining 20%. At the beginning of **EACH** year you must meet the Medicare deductible before Medicare starts paying for provided services. If secondary insurance information is provided, it too will be entered into our system, so Medicare can forward the remaining 20% co-pay and/or deductible to your secondary insurance company for processing, providing your Medicare has an agreement with your secondary insurance company.

**As a courtesy to our patients** and to ensure that the amounts charged are accurate, we generally do not collect your 20% responsibility or remaining deductible at the time of your office visit. In return **PROMPT** payment is expected when Medicare notifies us of the correct amount for the charges submitted. Our office will send you a billing statement reflecting any corrected charges or adjustments. As a further courtesy, if Medicare has automatically filed with your secondary insurance, this office will wait thirty to forty-five days for payment from your secondary insurance before sending you a statement. *Any remainder of fees after payment from Medicare and your secondary insurance company is your responsibility, as are any charges incurred due to bad debt or non-payment of remaining fees.*

**THE SOUTH FLORIDA SKIN CENTER DOES NOT PARTICIPATE, OR FILE WITH, SECONDARY OR TERTIARY INSURANCE COMPANIES---** however, we are able provide you with the necessary paperwork to process your claim.

## MEDICARE and PRIVATE INSURANCE BILLING

Patient Name: \_\_\_\_\_

### CHAMPUS:

The South Florida Skin Center does **NOT** participate with Champus insurance. Therefore, payment is due at the time services are provided. As we are not a participating provider, our fee schedule is 115% (one hundred fifteen percent) of Champus approved amounts, as per Champus guidelines. Upon payment for services, we will file your Champus claim and as a courtesy provide a receipt of the claim filed. Although we are happy to answer any questions you may have, ***we do not mediate any disputes between you and your insurance company.***

### MEDICAID:

Please be advised that Dr. Herbst is not a Medicaid provider. If you have Medicaid as your insurance, payment is expected at time of service.

### OTHER INSURANCE BILLING POLICIES:

Any other insurance companies that we may offer to file with, including insurance companies requiring you to go to an "in-network" provider, might not reimburse you for your visit.

Your chosen insurance company may also:

- Have a higher co-payment.
- Have a higher deductible.
- Require payment for co-payment and/or your agreed upon payment-percentage at the time of service.
- Reimburse you for a lesser amount than paid.

**PLEASE REMEMBER: *Your contract for benefits is between you and your chosen insurance company.*** We believe that the proper treatment of your condition is determined by you and your doctor, not by your insurance company and though we may assist you by providing the appropriate paperwork to send to your company, *your contract with your insurance company is NOT NEGOTIABLE* by this office. ***It is your responsibility to understand your chosen policy and benefits.***

### PLEASE NOTE:

- All patients including **MEDICARE PATIENTS** having a *non-covered* procedure will be expected to pay at time of service.
- **The South Florida Skin Center reserves the right to collect 20% of your Medicare fees.**
- Checks sent erroneously to this office for reimbursement **will not be** signed-over to any patient. These checks are voided and returned to the issuing insurance company to be correctly processed.
- You will be held responsible for any late charges on your account due to bad debt or non-payment of remaining fees transferred to you.

**This office accepts cash, checks, Master Card, Visa and Discover for payment.**

If you have any questions please do not hesitate to ask. We will be happy to answer any questions you may have.

Thank you.



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### **Acknowledgement of Receipt of Billing Agreement**

I acknowledge that I have received the South Florida Skin Center Billing Agreement and understand that I have the opportunity to ask questions regarding our billing practices. I also understand that Jay S. Herbst M.D., P.A. reserves the right to modify practices outlined in the agreement, in its entirety or on a per patient basis.

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**Patient/Guardian Signature**

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**Date**